



PATENT

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1-15-03  
Date

Laura C. Shockey  
Laura C. Shockey

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Bhusan Gupta et al.  
Application No. : 09/475,686  
Filed : December 30, 1999  
For : COMMAND INTERFACE USING FINGERPRINT  
SENSOR INPUT SYSTEM

Art Unit : 2632  
Docket No. : 99-B-156 (850063.571)  
Date : January 15, 2003

Filing Receipt Corrections  
Office of Initial Patent Examination  
Commissioner for Patents  
Washington, DC 20231


REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents:

Attached is a copy of the official Filing Receipt received from the PTO in the above-identified application, for which issuance of a corrected Filing Receipt is respectfully requested.

There is an error with respect to the following data, which is incorrectly entered.  
There is an error in the inventor's name, which should read "Bhusan Gupta".

Respectfully submitted,  
Bhusan Gupta et al.  
Seed Intellectual Property Law Group PLLC

  
\_\_\_\_\_  
David V. Carlson  
Registration No. 31,153

DVC:lcs

Enclosures:

Postcard  
Form PTO/SB/21  
Copy of Filing Receipt  
Copy of Assignment

701 Fifth Avenue, Suite 6300  
Seattle, Washington 98104-7092  
Phone: (206) 622-4900  
Fax: (206) 682-6031

342590



## FILING RECEIPT



\*OC000000005135759\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/475,686	12/30/1999	2735	1206	99-B-156-(85	5	23	3

LISA K JORGENSEN ESQ  
STMICROELECTRONICS INC  
1310 ELECTRONICS DRIVE  
CARROLLTON, TX 750065039

Date Mailed: 05/23/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s) *BHUSAN*~~BUCHAN~~ GUPTA, PALO ALTO, CA;  
ALAN KRAMER, BERKELEY, CA;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/09/2000

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MAY 30 2000

Title

COMMAND INTERFACE USING FINGERPRINT SENSOR INPUT SYSTEM

Preliminary Class

340

Data entry by : TYSON, LASHONNAH

Team : OIPE

Date: 05/23/2000

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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15*cc: Dave Carlson*

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
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Bib Data Sheet

CONFIRMATION NO. 6718

<b>SERIAL NUMBER</b> 09/475,686	<b>FILING DATE</b> 12/30/1999 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2632	<b>ATTORNEY DOCKET NO.</b> 99-B-156-(85)
<b>APPLICANTS</b> BHUSAN GUPTA, PALO ALTO, CA; ALAN KRAMER, BERKELEY, CA;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/09/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 23
INDEPENDENT CLAIMS 3				
<b>ADDRESS</b> 30423				
<b>TITLE</b> COMMAND INTERFACE USING FINGERPRINT SENSOR INPUT SYSTEM				
<b>FILING FEE RECEIVED</b> 1686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	